

MDT SWPPP INSPECTION REPORT

Date: _____
 Project Number: _____
 Project Name: _____
 Uniform Number: _____

INSPECTION TYPE:	
_____ 14 DAY- FROM _____ TO _____	
_____ 0.5 INCH OR GREATOR STORM EVENT	
_____ EVENT DATE _____	
_____ MONTHLY	
_____ OTHER _____	

Check Y (yes), N (no), or N/A (not applicable)

NO.	DESCRIPTION	Y	*N	N/A
1	Are Erosion Control devices in-place and functioning in accordance with the Erosion Control Plan?			
2	Are sediment traps, barriers, and basins in-place, clean and functioning properly?			
3	Are sediment controls in-place at required perimeter locations?			
4	Are all discharge points free of any noticeable pollutant discharge (This includes sediment)?			
5	Are applicable culvert inlets and outlets properly protected?			
6	Are water resource areas properly protected?			
7	Are soil slopes steeper than 3H:1V receiving Erosion Seeding?			
8	Are soil slopes steeper than 3H:1V undergoing slope roughening?			
9	Are waterway protection measures in place and functioning properly at all applicable stream crossing locations?			
10	Are areas outside the construction footprint undergoing disturbance? If yes explain.			
11	Has the Erosion Control Plan been revised to address field conditions?			
12	Is construction sequenced and conducted in a manner to minimize erosion and/or sedimentation?			
13	Are clearing and grubbing operations minimized to the smallest practicable area?			
14	Are grading operations beginning within 72 hours in areas of topsoil removal or pioneering?			
15	Are culvert installations beginning within 72 hours of clearing, grubbing, or grading the installation area?			
16	Are material storage areas an appropriate distance from surface water areas and adequately protected?			
17	Are tracking control measures utilized at points of ingress/egress to public/private roads?			
18	Are dust control measures being appropriately implemented?			
* If "no" checked comment on back of form. Add additional comment sheets, documentation , maps, photos, etc. as necessary.				

Contractor Representative

I certify the accuracy and truthfulness of this report and this report is being submitted in accordance with the terms and conditions of the SWPPP and MPDES/NPDES General Permit.

Inspected by: _____
 (print name)

Title: _____

Signature: _____

Date: _____

MDT SWPPP INSPECTION REPORT

Project:_____

Date: _____

[illegible]

MDT SWPPP INSPECTION REPORT

Project: _____

Date: _____

Department Representative

☐ I verify to the best of my knowledge that this completed form represents what is currently on this project.

☐ I disagree with this completed form and the discrepancies are noted below.

Inspected by: _____
 (print name)

Title: _____

Signature: _____

Date: _____

If the second box is checked and discrepancies are noted, the discrepancies must be corrected within three days of the above Department Representative signed date or the provisions of Subsection 208.03.6 will be enforced.

Noted discrepancies:

Discrepancies have been corrected on _____ (date).

Department Signature: _____

Contractor Signature: _____